

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

25920

1. PLACE OF DEATH

County Chariton
Township Summer
City Summer (No.)

Registration District No. 176
Primary Registration District No. 4100

File No.
Registered No. 25
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mitchell E Ogle</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 19-1900</u>		
7. AGE YEARS <u>33</u> MONTHS <u>4</u> DAYS <u>18</u>	If LESS than 1 day, hrs. min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Little Rock Mo</u>		
13. NAME <u>Joel W. Curtis</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perm.</u>		
15. MAIDEN NAME <u>Ettie A. Foster</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mt. Auburn Ill</u>		
17. INFORMANT (ADDRESS) <u>Mrs Joel Curtis Summer Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Summer</u> DATE <u>Aug 8th 1933</u>		
19. UNDERTAKER (ADDRESS) <u>S. H. Lippard Mendon Mo</u>		
20. FILED <u>Aug 6 1933</u> <u>A. H. Lewis</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-6-1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1928 to Aug 6 1933
I last saw him alive on Aug 6 1933 Death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:
Amyloid Degeneration of Kidneys
Ischemic Strectal Abscess
Perforated Appendix
Other contributory causes of importance
Name of operation Symplectomy Date of
What test confirmed diagnosis? Symplectomy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. H. Lippard M. D.
(Address) Summer Mo

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

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